



Early Journal Content on JSTOR, Free to Anyone in the World

This article is one of nearly 500,000 scholarly works digitized and made freely available to everyone in the world by JSTOR.

Known as the Early Journal Content, this set of works include research articles, news, letters, and other writings published in more than 200 of the oldest leading academic journals. The works date from the mid-seventeenth to the early twentieth centuries.

We encourage people to read and share the Early Journal Content openly and to tell others that this resource exists. People may post this content online or redistribute in any way for non-commercial purposes.

Read more about Early Journal Content at <http://about.jstor.org/participate-jstor/individuals/early-journal-content>.

JSTOR is a digital library of academic journals, books, and primary source objects. JSTOR helps people discover, use, and build upon a wide range of content through a powerful research and teaching platform, and preserves this content for future generations. JSTOR is part of ITHAKA, a not-for-profit organization that also includes Ithaka S+R and Portico. For more information about JSTOR, please contact support@jstor.org.

NOTES FROM THE MEDICAL PRESS



IN CHARGE OF

ELISABETH ROBINSON SCOVIL

A SIMPLE DEVICE FOR HOLDING A RETENTION CATHETER IN PLACE.—Dr. William S. Ehrich describes this device in the *Journal of the American Medical Association*. The finger of a thick rubber glove is divided into four parts, leaving about half an inch of the tip intact. A very small hole is made in the centre of the tip, through which the catheter is passed. One-eighth of an inch from the end of each of the four strips, a small slit is made in it. From some other part of the glove a strip of rubber six inches long and nearly half an inch wide is cut, one end being a little wider. This strip is then threaded through the slits in the four long strips into which the glove finger was divided. To fasten the strip three slits are cut crosswise in the wide end and the narrower end woven through it. This can be drawn fairly tight behind the corona and will hold the catheter in place. It can be made in a minute and unlike adhesive straps can be removed, tightened, or loosened without loss of time, or discomfort to the patient.

STERILIZATION OF DEFECTIVES AND THE TUBERCULOUS.—Dr. S. A. Knopf, who is an authority on tuberculosis, writes on this subject in the *New York Medical Journal*. He advocates the performance of vasectomy for all tuberculous male patients who will voluntarily submit to it. If he is acutely tuberculous, and insists upon marrying, the operation should be obligatory. In females under similar conditions, ligation of the Fallopian tubes is advised. In New Jersey the law permits orchectomy (removal of the testicles) in the case of persons convicted of rape, and vasectomy in the case of all other defectives. The latter is performed by ligating the vas deferens, the duct conveying the semen from the testicle, and incising it. This operation while it absolutely prevents procreation does not destroy sexual desire nor the ability for coition.

AN EPISCOPAL OPINION OF HOSPITALS.—*The Medical Record* says the Bishop of London, preaching at Kensington, England, described hospitals as “the airshafts of heavenly charity and sympathy for the purification of our lives, the most complete centres of unselfish activity in this great city, schools of moral discipline and homes of rest.”

ANTITYPHOID INOCULATION.—At a meeting of the Association of American Physicians Dr. Lesley H. Spooner, of Boston, reported three years' experience of antityphoid inoculation in training schools for nurses. He said that this work, stimulated by results of similar inoculation in the British army, aimed to establish an immunity among nurses and physicians in hospitals, who, under the best conditions, suffered a high morbidity from typhoid. A low-virulence vaccine was administered at frequent intervals in small doses. The results seemed to justify the procedure. The use of the same prophylaxis during epidemics he considered safe, sane and most desirable.

ORAL SEPSIS.—*The Interstate Medical Journal*, in an editorial on this subject, says that dental decay invariably starts from the outside of the tooth, an absolutely clean tooth never decaying. There are two distinctly marked stages, softening of the tissues and dissolution of the softened tissue. This softening of the tooth-structure depends upon certain acids, primarily lactic acid, which in turn results from the action of the bacteria of the mouth on food particles, principally carbohydrates. These foodstuffs, especially low-grade sugars and starches, readily lodge between and on the surfaces of the teeth. The acids attack the lime salts of the enamel and cause it to break, furnishing the starting-point of the future cavity. In order to prevent the retention of these fermentable substances starches and sugars should not be eaten alone but combined with a substance having a distinctly acid taste, or followed by fruits and vegetables, which contain natural organic acids.

THE TREATMENT OF RODENT ULCER.—Dr. E. R. Morton, writing in the *Lancet*, says he has found carbon-dioxide snow the remedy for rodent ulcers. He has had twenty-seven cases, all cured. In no instance has there been a recurrence and he has cured cases by this method which had recurred after treatment by X-ray, radium, etc. The carbon-dioxide snow seems to attack only the diseased cells, leaving the healthy cells intact.

STERILITY.—In an article on sterility in the *International Journal of Surgery* Dr. William H. Carey comes to several conclusions, two of which are that one of every four sterile marriages is due to the sterility of the husband and that prolonged successful prevention of pregnancy is sometimes followed by permanent sterility.

FATIGUE.—*The American Journal of Surgery* publishes an interesting article on fatigue. It is a review of "Fatigue and Efficiency, a Study in Industry," by Josephine Goldmark. Fatigue results from the accumulation of waste products within the system. The responsible chemical substances are thought to be sarcolactic acid, monopotassium phosphate and carbon dioxide. Weichardt has claimed for years that

he has isolated an actual toxin of fatigue and recently stated that he had formed an antitoxin. The vital effect of the accumulation of fatigue products is to enervate the worker. The productivity of workers may be increased by lessening fatigue. It has been demonstrated that with properly timed, adequate rest an increased output may be secured from workers in the same unit of time. The effect of hours of labor has been recognized by the New York Bureau of Labor Statistics which reported in 1909 that accidents occurred two or three times as frequently during the fifth hour of work as during the first hour. The Massachusetts Bureau of Labor Statistics says, "Reduced hours of labor have a great tendency to improve one morally, mentally, and physically." These facts should be given serious consideration in fixing the time of nurses on duty. Their responsibility is very great and their hours of labor should be correspondingly short, with intervals of complete relaxation.

CONSERVATION OF CHILD LIFE.—The Borah child bill, which has been approved by the Senate, creates a new bureau whose province will be the collection of statistics of all sorts concerning the living and labor conditions of children. It is a measure of high importance to public welfare and a long step in the direction of health conservation. The reports of the investigations pursued by the bureau will be published by the Government from time to time.

DERMATITIS DUE TO HAIR DYE.—*The Maryland Medical Journal* reports several cases of dermatitis arising from the use of so-called walnut-juice hair dyes. The scalp is rarely involved in the inflammation, the disease showing itself in the skin of the forehead, ears, face, and neck, or in one, or more, of these regions. The treatment is to wash the dye very thoroughly from the hair and then to apply soothing pastes, salves, or lotions to the parts affected.

TRANSPLANTATION OF THE HUMAN CORNEA.—Dr. A. Magitot, of Paris, France, reports in the *Journal of the American Medical Association* a case in which he removed a pterygium from the eye of a boy which had been caused by a burn from quicklime. This rendering the greater part of the cornea opaque seriously interfered with vision. He replaced this with a section of transparent tissue taken from a human eye which had been removed for cause and kept in an antiseptic fluid for a week, at the temperature of melting ice, or 5° C. The preserving serum was taken from the blood of another person, not the one from whom the eye was removed. The operation was done nearly a year before the report was made. The graft persists and is still perfectly clear; the patient is able to find his way about and to read printed characters of a fairly large type.